

**APPLICATION FOR PUBLIC ACCESS TO RECORDS**

SUFFOLK COUNTY POLICE DEPARTMENT

PDCS-5414C

SECTION 1. TO BE COMPLETED BY APPLICANT

TO: ☐ Central Records
Police Department
Yaphank, N.Y. 11980 Tel 631-852-6015

☐ Freedom of Information Officer
Command:
Address

I HEREBY APPLY FOR A CERTIFIED COPY OF THE REPORT/RECORD DESCRIBED BELOW (Please supply as much of the information as possible, printing your entries with a ball point pen):

APPLICANT'S NAME (FIRST, INIT, LAST)	APPLICANT'S SIGNATURE	DATE OF APPLICATION
APPLICANT'S ADDRESS		APPLICANT'S PHONE
NAME OF BUSINESS/FIRM	NAME OF CLIENT REPRESENTED	

CHECK 1A or 1B ☐ 1A MOTOR VEHICLE ACCIDENT REPORT ☐ 1B OTHER REPORT/RECORD (Describe in item 2, below)

2. DESCRIPTION OF REPORT OR RECORD (IF OTHER THAN A MOTOR VEHICLE ACCIDENT REPORT)

3. NAMES OF DRIVER(S)

4. NAME OF COMPLAINANT

5. NAME OF VICTIM

6. DATE OF OCCURRENCE

7. PRECINCT NO.

8. CC NUMBER

9. LOCATION OF OCCURRENCE

10. MAIL REPORT/RECORD TO:

SECTION II FOR USE BY POLICE DEPARTMENT FREEDOM OF INFORMATION OFFICER ONLY

☐ APPROVED

☐ APPROVED WITH REDACTIONS **

☐ PARTIAL APPROVAL **

☐ DENIED **

☐ RECORD CANNOT BE FOUND AFTER A DILIGENT SEARCH

☐ RECORDS ARE NOT POSSESSED OR MAINTAINED BY THIS AGENCY

☐ ADDITIONAL INFORMATION NEEDED

☐ THIS INCIDENT IS NOT WITHIN OUR JURISDICTION

☐ RECEIPT OF THIS REQUEST IS ACKNOWLEDGED, THERE WILL BE A DELAY IN SUPPLYING THE REQUESTED RECORD UNTIL _____ FOR THE FOLLOWING REASON:

☐ OTHER

** SEE ATTACHMENT (PDCS 5414-1) FOR EXPLANATION

SIGNATURE	TITLE: FREEDOM OF INFORMATION OFFICER	DATE
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YOU HAVE THE RIGHT TO APPEAL A DENIAL OF THIS APPLICATION IN WRITING TO THE OFFICE OF THE COUNTY ATTORNEY WITHIN 30 DAYS OF THE DENIAL. INFORMATION AS TO THE PERSON TO CONTACT IS SHOWN BELOW. THE CONTACTED PERSON MUST RESPOND TO YOU IN WRITING WITHIN TEN BUSINESS DAYS OF RECEIPT OF YOUR APPEAL

SUFFOLK COUNTY ATTORNEY: BUILDING 158 NORTH COUNTY COMPLEX
HAUPPAUGE N.Y. 11788

BUSINESS TELEPHONE
(631) 853-4049